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Introduction

Provider-led Pathways is the final phase of the national roll-out of the Pathways to Work. Pathways provides information, advice and practical help to claimants of incapacity benefits to help them (back) into work. Provider-led Pathways is delivered by private companies and not-for-profit third sector organisations. This report presents findings from qualitative research carried out in 2008 to explore experiences of the early implementation of the Provider-led Pathways programme. The study was commissioned by the Department for Work and Pensions (DWP) and led by the Social Policy Research Unit at the University of York in collaboration with the National Centre for Social Research and the Policy Studies Institute.

The study focused on the key areas of:

• Pathways clients’ experiences of referral process from Jobcentre Plus to a provider organisation;
• clients’ experiences of compulsory Work Focused Interviews (WFIs) and support provided by Pathways;
• provider organisation staff experiences of the handover of clients from Jobcentre Plus;
• liaison arrangements between Jobcentre Plus and provider organisations;
• performance monitoring and contract management by Jobcentre Plus and DWP.

Experiences and views of Jobcentre Plus advisers, Third Party Provision Managers (TPPMs) and Contract Managers

TPPMs and Contract Managers were largely supportive of the concept of a ‘black box’ contracting model, giving providers discretion to design service structure and content. However, the findings show that TPPMs and Contract Managers spent a large proportion of their time giving providers advice and assistance regarding day-to-day management and procedural matters. It was not always clear how responsibility for monitoring aspects of provider delivery was divided between TPPMs and Contract Managers, and there was also some dissatisfaction with the level of scrutiny afforded by management information, especially where the only information available was produced by providers.

The new divisions of responsibility between providers and Jobcentre Plus had resulted in some uncertainty among advisers regarding the use of waivers and deferrals, and variation between advisers in the conduct of the first WFI. Advisers were also uncertain about whether they should provide help to people who returned to Jobcentre Plus for assistance after being referred to the provider. In addition, many advisers felt that their level of job satisfaction had reduced since responsibility for case managing and supporting clients had been transferred to provider organisations, and the future of their role seemed uncertain.

Jobcentre Plus advisers’ knowledge of the interventions offered by the provider varied, and was more advanced where advisers had regular opportunities to meet provider staff and to discuss their relative roles. Such opportunities for collaboration between all levels of provider and Jobcentre Plus staff were also thought to be useful for resolving tensions, building rapport, sharing good practice, highlighting problems, giving staff ownership of responses to problems, and discussing individual cases. Closer working relationships developed where individuals initiated informal contact with their counterpart at the provider organisation or Jobcentre Plus.
Jobcentre Plus advisers, TPPMs and Contract Managers raised a number of concerns about the ways providers were delivering the programme, such as the levels of staff expertise and staff turnover; not using established networks of support or the Condition Management Programme as much as expected; not providing what was expected; approaches to sanctioning; and prioritising targets over the needs of individuals. One of the most significant concerns was that providers were under-performing, primarily because they had set unrealistic job outcome targets.

Experiences and views of provider frontline staff and managers

Feedback from provider staff and managers suggests that procedures for delivering Pathways were not always working efficiently. A number of problems associated with the handover of clients from Jobcentre Plus were identified and were considered to have reduced providers’ opportunities to engage people and achieve job outcomes. These problems included perceptions that Jobcentre Plus advisers were not ‘selling’ Pathways well enough to ensure people attended further interviews and engaged with the programme; inadequate information from Jobcentre Plus advisers about clients; and technical problems that meant notification of the first provider interview was delayed or not sent to some people at all.

Provider staff had a diverse range of previous work experience, with a mix of those who had experience of working with the client group, or in employment services, and those who did not. For a number of providers, it had been a struggle to recruit the right people, and many had lost staff within the first few weeks and months of the contract. At present, most managers were satisfied that they had enough staff to meet demand, although some staff felt that shortages in personnel had led to large caseloads, staff being asked to cover other roles, and services being temporarily unavailable.

In some cases, the lack of knowledge and experience amongst provider staff meant that practice did not always follow policy. Thus, some provider staff were not always sufficiently equipped with knowledge to meet all client needs and in some cases had felt it necessary to signpost clients to other sources of information (such as Citizens Advice). There were examples of not understanding the relationship with Jobcentre Plus regarding service provision, leading to situations where Jobcentre Plus advisers were asked to provide client support (such as better-off calculations) or, conversely, referrals to Disability Employment Advisers (and specialist disability interventions) were not considered.

Most providers described using a range of in-house, sub-contracted and external provision. In-house services involved a variety of work-related support, such as careers advice, training or job brokering. Mostly, the Condition Management Programme had been subcontracted and views about the programme’s usefulness were mixed. Close working relationships had been struck up with subcontractors and other external organisations where they delivered interventions at the Pathways provider’s premises, and where staff liaised with each other throughout the client’s engagement with the service. However, subcontracting different components of provision (for example, separating WFIs from the delivery of interventions) could sometimes lead to inconsistent and inadequate support for clients.

Provider staff outlined a number of ways in which they thought Pathways had helped people, including motivating people using better-off calculations; encouraging and assisting people to take up voluntary work or training as a step towards paid employment; helping some people to think positively about work; supporting people to make positive life changes; and helping people to stay in work.

However, most providers perceived that clients were, on the whole, harder to help than they had anticipated. Some staff observed a tension between meeting targets and meeting clients’ needs and there were concerns that job outcome targets were being prioritised ahead of clients’ wellbeing and ability to sustain
employment. Finding it harder than expected to engage or to help people was thought to be a significant reason why providers were currently underperforming against the targets they had set themselves in their contracts. Other reasons for not meeting targets were perceiving financial support for transitions into work as insufficient, and experiencing problems reaching the expected number of referrals from Jobcentre Plus.

Experiences and views of incapacity benefits recipients taking part in Provider-led Pathways

Among the clients interviewed, views and experiences of health and paid work varied. It was possible to divide people into three sub-groups according to views held at the time of their first contact with the provider:

• people who were thinking about paid work and, in some cases, taking steps towards it;
• people who were not thinking about paid work in the near future because of their health or caring responsibilities;
• people who wanted paid work but who thought it an unlikely possibility.

By the time of the research interview some people had moved into paid work, most of whom were from group one above. Those who moved into paid work from group two attributed this move to support from the Pathways provider and support from personal networks. No one from the third sub-group moved nearer to work.

There were varying understandings of what the provider organisation was or of what they would offer. Whilst most people understood that the provider was something to do with paid work and that they might face a cut in their benefit if they did not attend, there were also people who felt that they had not received enough information about the provider. These people had not understood that their attendance was mandatory, that sanctions could be applied if they failed to attend, or that they were required to attend more than one interview.

The support received by people from providers included emotional support (encouragement and motivation from personal advisers), practical assistance (for example, intensive one-to-one job search help, arranging health interventions, or helping to construct a CV), and information and access to financial assistance (such as in-work tax credits and benefits).

Some people’s progress had been affected by the timing of medical examinations connected to their benefit claim. People were often disappointed and felt let down when they lost eligibility for incapacity benefits, and with it eligibility for provider support, after a medical examination. Often, these people felt that their health condition had not improved and that they would have valued more intensive help to find work, especially where they found the Jobseeker’s Allowance regime hard to comply with.

Overall views about the usefulness of Pathways varied. Some people thought that employers would perceive them as ‘unemployable’ and that Pathways offered little to combat this barrier. Other people felt differently, perceiving that they had benefited from their contact with the provider and, sometimes, that the support from provider staff had been influential in their move into paid work. Most who had found paid employment said that Pathways had made the journey to paid work easier, but that ultimately it was their own determination to work that was the most important factor. It was also noticeable that these people had found paid work (or self-employment) that they were able to fit around the effects of their health condition or caring responsibilities.

At the time of the research interview, a range of outstanding support needs were identified by people who were thinking about or taking steps towards paid work, some of whom were still in contact with the provider. Some people who had come to the end of the mandatory interviews wanted to continue their contact and had arranged to do so. Those who did not want further contact had not found their experience of the provider beneficial. There were also people who had no immediate plans to access help from the provider, but were aware that they could return to the provider if they wanted to.
Conclusions and discussion

This study of the early implementation of Provider-led Pathways sought to explore early experiences and views of key informants. It was not within the remit of the study to assess the impact of the programme, nor to compare Pathways contractors’ performance with Jobcentre Plus’ delivery of the programme. There will be further evaluation research on Provider-led Pathways over the coming years that will address the questions of the impact and cost-effectiveness of delivering Government welfare to work programmes via contracted-out services. Although an ‘early implementation’ study cannot answer these questions, the findings have provided insights into what was working well and problems that had emerged during the early months of Provider-led Pathways.

The following experiences demonstrated ways in which the programme was working well:

• finding provider staff pleasant and helpful;
• feeling that the environment within provider premises was hospitable, and a more inviting place than Jobcentre Plus;
• meeting needs, where people felt the support received was beneficial and appropriate;
• challenging people to think differently about their employment prospects;
• contributing to people’s progress and movements into work, by providing encouragement, financial support and access to other helpful provision.

A number of problems that were experienced might be considered ‘teething problems’ because they are likely to diminish with the increased knowledge and experience that will build up over time. These included:

• a variety of procedural and technical problems regarding referrals and contacting clients;
• a lack of knowledge among Jobcentre Plus advisers (of provider services) and provider staff (of certain forms of in-house and external provision).

However, there were also problems that might require changes to policy or guidance. These problems included:

• the way that provider staff are incentivised to focus on people who are considered job-ready and leave those furthest from work inadequately supported, because of the way providers are contracted to deliver job outcomes and are paid according to the number achieved;
• uncertainty about divisions between roles and responsibilities regarding the use of waivers and deferrals, service provision and case management;
• a perceived lack of guidance for providers in operating day-to-day procedures and for delivering particular interventions such as the Condition Management Programme;
• the loss of support to people who may still need it to re-enter the labour market because they lose entitlement to incapacity benefits;
• unmet needs, where the support offered was not tailored to suit the individual;
• a lack of choice for clients regarding who provides support and the burden on Jobcentre Plus staff when people return for assistance.